| PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING M | | | | | | | | · | | | | | | | | | For use after | | | | | | | r 7/1/06 Training Date: | | | | | | | | . ago 2 o. 2 | | | | | | | | | |
|---|-------|----|----|------|------------------|--------------------|----|-------|---|----|----|------|------|-----------------|----|-------|---------------|----|----|---------------------------------|----|--------------------------|----|-------------------------|---|----|----|----|-----|----|------|--------------|------|----|----|----|----|----|-------|----|--|
| Name (Last, First, MI) | | | | | | Job Classification | | | | | | | | Employee Number | | | | | | | | Claiming Unit (District) | | | | | | | | | | School Site | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If more than 8 hours per day, continue from page 1 in hours 9–16 | Date: | | | | - | | | Date: | | | | | - | | | Date: | | | | - | | | | Date: | | | | | Dat | | | | ate: | | | | | | Total | | |
| - Record the type of activity in 15- minute increments | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| School-Related, Educational, & Other Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2) Direct Medical Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3) Non-Medi-Cal Outreach | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4) Initial Medi-Cal Outreach | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5) Facilitating Application for non- Medi-Cal Programs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6) Facilitating Medi-Cal Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7) Referral, Coordination, and Monitoring of non-Medi-Cal Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9) Transportation for non-Medi-Cal Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10) Arranging Transportation supporting Medi-Cal Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11) Non-Medi-Cal Translation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12) Translation Related to Medi-Cal- Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13) Program Planning, Policy Development, & Interagency Coordination Relating to non-Medi-Cal Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14) Program Planning, Policy Development, and Interagency Coordination Relating to Medi-Cal Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15) Medi-Cal Claims Administration Coordination and Training | Ι, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16) General Administration/Paid Time Off | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL HOURS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE SIGNATURE (blue ink only) | | | | TELE | TELEPHONE NUMBER | | | | | | | DATE | DATE | | | | | | | SUPERVISOR SIGNATURE (blue ink) | | | | | | | | | | DA | DATE | | | | | | | | | | |

California Department of Health Services

Instructions:

1. Include two or three samples of activities performed on lines provided below each code. If the same activity is being routinely performed, indicate such. No more than three samples are required.

- 2. Complete the survey on a daily basis for the designated time survey period.
- 3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
- 4. Record time in 15-minute increments using only decimals (0.25, 0.50, 0.75).
- 5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
- 6. Be sure to include each activity for codes 1–16 during the survey period.
- 7. If hours paid equal more than 8, continue on second survey form.
- 8. Confirm the sum in the bottom right hand corner equals the sum of the bottom row. Sign and date your survey the last day worked and give it to your supervisor. If two pages are used, sign the second page also.

NO WHITE OUT ALLOWED

State of California--Health and Human Services Agency

Revised by CDHS 9/7/2006

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